



STATE OF NEW HAMPSHIRE RACING AND CHARITABLE GAMING COMMISSION
57 Regional Drive, Unit 3, Concord, NH 03301-8530 Telephone (603) 271-2158 Fax (603) 271-3381
BINGO MONTHLY FINANCIAL REPORT (RSA 287-E:9)

Organization ID # _____ Organization Name _____ Playing Address _____

Period Ending _____ License # _____ Number of Games _____

1. Game Dates _____ TOTALS

2. Attendance _____

Bingo Revenues (Cash, Check, Credit Card):

3. Regular Games _____

4. Other Sales _____

5. Winner-Take-All Game #1 Collections _____

6. Winner-Take-All Game #2 Collections _____

7. Winner-Take-All Game #3 Collections _____

8. Winner-Take-All Game #4 Collections _____

9. Total Winner-Take-All Collections (Total lines 5 through 8) _____

10. Total Carryover Coverall Collections (Line 3 of pg. 3, COCA Report) _____

11. Total Revenues (Total lines 3, 4 and 9) _____

Bingo Expenses:

12. Regular Games & Door Prizes Paid by Charitable Organization _____

12a. Prize Amount Provided by Commercial Hall (\$500 game date max.) _____

12b. Total Regular Games & Door Prizes Paid (Line 12 plus Line 12a, \$4,000 game date max.) _____

13. Total Winner-Take-All Prizes Paid (Line 9 minus 14%) _____

14. 7% Winner-Take-All Tax (Line 9 times 7% tax) _____

15. Bonus Winner-Take-All Gross Prize Amount _____

16. Bonus Winner-Take-All Prizes Paid (Line 15 minus 7% tax) _____

17. 7% Bonus Winner-Take-All Tax (Line 15 times 7% tax) _____

18. Carryover Coverall Prizes Paid (Line 10 of pg. 3, COCA Report) _____

19. 7% Carryover Coverall Tax (Line 4 of pg. 3, COCA Report) _____

20. Bingo Service Fee(s) (Line 33a of page 2, BMFR-2) _____

21. Total Other Bingo Expenses (Rent, license fees, member reimbursement, etc.) _____

22. Total Bingo Expenses (Total lines 12b, 13, 14, 16, 17, 20, and 21) _____

23. Carryover Coverall Prize Summary (Line 10 minus lines 18 and 19) _____

24. Net Bingo Profit/Loss (Line 11 minus line 22) _____

25. Net Lucky 7 Profit/Loss (Line 11 of Lucky 7 Monthly Financial Report) _____

26. Net Profit/Loss to Organization (Line 24 plus line 25) _____

27. Game Dates

30a.

31.

31b.

31c.

34.	Carry subtotal over to next section 34a.
-----	--

34.	Carry subtotal over to next section 34a.
-----	--

34b.	TOTAL
------	-------

MONTHLY CARRYOVER COVERALL REPORT (RSA 287-E:7)

Organization ID # _____

Organization Name _____

1. Game Dates
2. Beginning Carryover Coverall Prize Balance
3. Carryover Coverall Collections (Carry total to line 10 of pg. 1, Bingo Report)
4. 7% Carryover Coverall Tax (Line 3 times 7% tax; carry total to line 19 of pg. 1, Bingo Report)
5. 7% Game Reimbursement Fee (Line 3 times 7% fee)
6. Carryover Coverall Prize Pool (Line 3 minus line 4 and line 5)
7. Subtotal Carryover Coverall Prize Balance (Line 2 plus line 6)
8. Carryover Coverall Prizes Paid (Jackpot)
9. Carryover Coverall Prizes Paid (Consolation)
10. Total Carryover Coverall Prizes Paid (Line 8 plus line 9; carry total to line 18 of pg. 1, Bingo Report)
11. Ending Carryover Coverall Prize Balance (Line 7 minus line 10)

					TOTALS

MEMBER LIST FOR BINGO

12. List the names and addresses of the members of the charitable organization who operated the licensed games (RSA 287-E:9 III (c)).

<u>Name and Address of Bona Fide Members</u>	<u>Reimbursed Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>Name and Address of Bona Fide Members</u>	<u>Reimbursed Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the above statements and all documents contained within this Monthly Financial Report and Worksheets are true, accurate and correct and that there are no willful misrepresentations in or falsifications of the above statements or answers to questions.

13. Prepared By: _____ Title: _____

14. Chairperson (print name): _____

15. Signature:* _____ Date: _____

16. Treasurer (print name): _____

17. Signature:* _____ Date: _____

*Please sign in blue ink.

LUCKY 7 MONTHLY FINANCIAL REPORT (RSA 287-E:24)

Organization ID # _____

Organization Name _____

Playing Address

Period Ending

License #

1. Gross Revenue
2. Total Prizes Paid (Line 30 column L of page 2)
3. Net Profit (Line 1 minus line 2)
4. Cost of Deals Sold (not including fee; line 30 column J of page 2)
5. Pull Tab Fee Paid (boxed deals purchased, line 25 column C of page 2, times \$15)
6. Bag Fee Paid (bagged deals purchased, line 29 column C of page 2, times \$6)
7. License Fee
8. Lucky 7 Service Fee(s) (Total of line 13)
9. Other Expenses (Machine rental, member reimbursement, etc.)
10. Total Lucky 7 Expenses (Total lines 4, 5, 6, 7, 8 and 9)
11. Net Lucky 7 Profit/Loss (Line 3 minus line 10)

12. List the name and address of the distributor(s) from whom the lucky 7 tickets were purchased (RSA 287-E:24 III (d)).

Name and Address of Licensed Distributor(s)

13. List the name and address of, and the fee paid to any person, or business entity who provided consulting, accounting, management, or other similar services to the organization for the operation of lucky 7 (RSA 287-E:24 III (e)).

Name and Address

Fee Paid

TOTAL (Enter total on line 8 above)

14. List totals of prizes paid by cash or check (RSA 287-E:24 III (b)).

Cash

Check

TOTAL

--	--	--

15. List all prizes paid by check. All prizes of \$500 or more shall be paid by check (RSA 287-E 24 IV).

[illegible]

COMPUTATION OF # OF DEALS AND COST OF DEALS SOLD

Line #	DEAL INVENTORY DETAIL					F COST PER DEAL	INVENTORY COST DETAIL				PRIZE DETAIL	
	A FORM #	B # OF DEALS IN BEG INV	C # OF DEALS PURCH	D # OF DEALS IN END INV	E # OF DEALS SOLD		G BEG INV	H COST OF DEALS PURCH	I END INV	J COST OF DEALS SOLD	K PRIZES PAID ON ONE DEAL	L TOTAL PRIZES PAID
BOXED												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25	TOTAL											
BAGGED												
26												
27												
28												
29	TOTAL											
30	TOTAL line 25 plus 29											

I hereby certify, under penalty of unsworn falsification pursuant to RSA 641:3, that all worksheets contained within this Monthly Financial Report are true, accurate and correct and that there are no willful misrepresentations in or falsifications of the worksheets.

31. Prepared By: _____ Title: _____

32. Chairperson (print name): _____

33. Signature:* _____ Date: _____

34. Treasurer (print name): _____

35. Signature:* _____ Date: _____

*Please sign in blue ink.

MEMBER LIST FOR LUCKY 7

Organization ID # _____

Period Ending _____

Organization Name _____

List the names and addresses of the members of the charitable organization who participated in the sale of lucky 7 tickets (RSA 287-E:24 III (c)).

Names and Addresses of Bona Fide Members (Attach additional sheets if necessary)

Reimbursed Amount[illegible]

TOTAL